

63-043454

STATE FILE NUMBER

Registrar's No. 1723

**AMENDED**

**DATE AMENDED**

---

**SHOULD READ**

ITEM NO.

18a	Bronchopneumonia & asphyxiation	-Bronchopneumonia	3-9-64
18b	Innominate artery aneurysm	Pulmonic	3-9-64
19	Cor. Rt. Disease, Cor Pulmonale	Innominate artery aneurysm	3-9-64

BY AFFIDAVIT OF ATTENDING PHYSICIAN DOCUMENT

## MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		c. CITY OR TOWN <b>Springfield</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>714 South Avenue</b>	
3. NAME OF DECEASED (Type or print) First <b>Albert</b> Middle <b>H.</b> Last <b>Bishop</b>		4. DATE OF DEATH Month <b>December</b> Day <b>4</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/16/1903</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railroad Machinist</b>		11. BIRTHPLACE (City and state or country) <b>Missouri</b>	
13a. FATHER'S NAME <b>William Bishop</b>		14. NAME OF HUSBAND OR WIFE <b>Virginia Bishop</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		17. INFORMANT <b>Virginia Bishop (Wife) Springfield, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia (broncho) and asphyxiation</b> DUE TO (b) <b>Innominate artery aneurysm, luetic</b> DUE TO (c) <b>sev. yrs.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>3-4 weeks</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Coronary heart disease - pulmonale</b> <b>Innominate artery aneurysm</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>9:40</b> a.m. <b>12/4/63</b> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Springfield, Missouri</b>	
21. I attended the deceased from <b>1961</b> to <b>12/4/63</b> and last saw him alive on <b>12/4/63</b> Death occurred at <b>9:40</b> A.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>S. B. Lemmon MD</b> (Degree or title)		22b. ADDRESS <b>609 Cherry Springfield, Missouri</b>	
22c. DATE SIGNED <b>12-4-63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12/6/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Maple Park Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Springfield Mo.</b>
24. FUNERAL DIRECTOR <b>KLINGNER MORTUARY, INC.</b> ADDRESS <b>Springfield, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-6-63</b>	
26. REGISTRAR'S SIGNATURE <b>Lewis W. Miller</b>			

**USE BLACK INK  
OR  
TYPEWRITER RIBBON**

The

(Licensed Embalmer's Statement on Reverse Side)

12/4/63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Glen A. Williams

Licensed Embalmer No. 4651

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.